## T, KOLASCH & P CH, LLP

· Copy of Declaration from Parent Application No. 09/956,029

## AND POWER OF ATTORNEY

ATTORNEY	DOCKET	МО

YOU MUST COMPLETE THE		NU DESIGN APPL		2091-140P	
FOLLOWING:	As a below named inventor, I hereby declare that: my residence, post office address and citize as stated next to my name; that I verily believe that I am the original, first and sole inventor (if inventor is named below) or an original, first and joint inventor (if plural inventors are named belo subject matter which is claimed and for which a patent is sought on the invention entitled:*  "PICTURE PRINTING SYSTEM"				
nsert Title	PICTURE	PRINTING SISTE	SM		
Check Box If Appropriate - For Use Without Specification	the specification of which is	attached hereto unless th	e following box is check	ed:	
Attached	was filed on	mber	as	United	
	PCT International App	olication Number		or	
	and was amended on_			(if applicable).	
	I acknowledge the duty Code of Federal Regulations, I do not know and do r before my or our invention th my or our invention thereof, use or on sale in the United S has not been patented or mad in any country foreign to representatives or assigns mo no application for patent or in United States of America pri follows.  I hereby claim foreign p application(s) for patent or in	ded by any amendment re to disclose information via §1.56. not believe the same was hereof, or patented or desor more than one year p states of America more the the the subject of an inventable United States of A re than twelve months (since than twelve months (since to this application by priority benefits under Tinventor's certificate listenty	series to above.  which is material to pater  series ever known or used in scribed in any printed purior to this application, the an one year prior to this stor's certificate issued between an application ix months for designs) prior is invention has been file or me or my legal representate 35, United States Code and below and have also	above identified specification, ntability as defined in Title 37, the United States of America blication in any country before hat the same was not in public application, that the invention fore the date of this application on filed by me or my legal ior to this application, and that d in any country foreign to the entatives or assigns, except as de, §119 (a)-(d) of any foreign identified below any foreign at of the application on which	
	Prior Foreign Application(s	)		Priority Claimed	
nsert Priority	(patent) 279206/199		10/22/1996	<u> </u>	
f appropriate)	(Number)	(Country)	(Month/Day/Year Fi		
	(Number)	(Country)	(Month/Day/Year Fi	_	
	(Number)	(Country)	(Month/Day/Year Fi	led) Yes No	
	(Number)	(Country)	(Month/Day/Year Fi	led) Yes No	
	(Number)	(Country)	(Month/Day/Year Fi	led) Yes No	
	I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.				
	(Application Number)		(Filing Dat	c)	
	(Application Number)		(Filing Dat	e)	
	All Foreign Applications, if Months for Designs) Prior To	any, for any Patent or large The Filing Date of This	Inventor's Certificate Fil	ed More Than 12 Months (6	
·	prior United States application \$112, I acknowledge the duty	to disclose information value of this strong the subject matter of each to disclose information value of this strong filing date of this	of the claims of this app by the first paragraph o which is material to pater ailable between the filin application:	ny United States application(s) blication is not disclosed in the f Title 35, United States Code, stability as defined in Title 37, g date of the prior application	
	(Application (value))	(Filing D	ate) (Status	- patented, pending, abandoned)	

\*NOTE: Must be completed.

Page 1 of 2

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

2091-140P

at the following attorneys to prosecute is application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole GIVEN NAME FAMILY NAME Inventor: INVENTOR'S SIGNATURE DATE Insert Name of Inventor Insert Date This Kazuo Shiota Document Is Signed Oct.13,1997 Residence (City, State & Country) Insert Residence Insert Citizenship Tokyo, Japan Japan POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Insert Post Office Address Fuji Photo Film Co. Ltd., Minato-ku, Tokyo, Japan 2-26-30 Nishiazabu, Full Name of Second Inventor, if any: GIVEN NAME **FAMILY NAME** INVENTOR'S SIGNATURE DATE Norihisa see above Haneda Oct.13,1997 Residence (City, State & Country) CITIZENSHIP Saitama-ken, Japan Japan POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Fuji Photo Film Co., Ltd., 3-11-46 Senzui, Asaka-shi, Saitama-ken, Japan Inventor, if any: GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE DATE' Inlada Shigekazu see above Fukada Oct.13, 1997 Residence (City, State & Country) CITIZENSHIP Tokyo , Japan Japan POST OFFICE ADDRESS (Complete Street Address including City, State & Country)

C/O Fuji Photo Film Co., Ltd., 2-26-30 Nishiazabu,

Minato-ku, Tokyo, Japan Full Name of Fourth GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE Inventor, if any: DATE' see above Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME **FAMILY NAME** INVENTOR'S SIGNATURE Inventor, if any: DATE<sup>1</sup> Residence (City, State & Country) CITIZENSHIP 'Note: Must be completed POST OFFICE ADDRESS (Complete Street Address including City, State & Country) - date this document is iened. 'age 2 of 2

Full Name of Third

full Name of Fifth

USPTO Approved 3-90) Revised 8-95)